



## AMENDMENT TO EMPLOYER OF LOBBYIST REGISTRATION

**INSTRUCTIONS:** This form must be completed and filed by a registered employer within seven (7) days following the occurrence of any event, action or changed circumstances that renders your previously filed registration statement inaccurate or incomplete. Amended registration forms may be mailed (preferably by overnight service or by registered or certified mail), or hand-delivered to the Tennessee Ethics Commission, SunTrust Bank Building Suite 1820, 201 4th Avenue North, Nashville, Tennessee 37243. Please type or print all information in ink. Please retain a copy of your amended registration form for your records. **If you are adding an additional lobbyist who is authorized to lobby for your business, you must complete a new employer of lobbyist registration and submit the registration fee.**

REGISTRANT'S NAME: \_\_\_\_\_

Please check the appropriate box(es):

- ☐ CHANGE OF BUSINESS NAME \_\_\_\_\_
- ☐ CHANGE OF BUSINESS ADDRESS \_\_\_\_\_
- ☐ CHANGE OF BUSINESS PHONE \_\_\_\_\_
- ☐ CHANGE OF EMAIL ADDRESS \_\_\_\_\_
- ☐ CHANGE IN EMPLOYMENT \_\_\_\_\_
- ☐ Termination of Employment (If you have terminated the employment of a lobbyist, please provide the name of that lobbyist and the date employment was terminated) \_\_\_\_\_  
\_\_\_\_\_
- ☐ CHANGE IN CORPORATE OFFICERS
- ☐ Change in Chief Executive Officer \_\_\_\_\_
- ☐ Change in Chief Financial Officer \_\_\_\_\_

### TO BE SIGNED BY EMPLOYER OR EMPLOYER REPRESENTATIVE

I do solemnly swear or affirm that I am a duly authorized representative of the Employer and the above named person(s) is/are authorized to lobby on my behalf or on behalf of the organization that I represent and that the information contained in this statement is complete and accurate and that I have complied with all requirements of the Lobbyist and Employer of Lobbyist Registration and Disclosure Act. I understand that the filing of information on this statement knowing or having reason to know that such information is inaccurate or incomplete is subject to the imposition of civil penalties. I further do solemnly swear or affirm that a copy of the Tennessee Ethics Commission Manual for Lobbyists and Employers of Lobbyists has been delivered to me or my representative by the lobbyist(s) named above, pursuant to Tenn. Code Ann. § 3-6-114.

\_\_\_\_\_  
Signature of Employer or Employer Representative